

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38552

1. Entity Name

MARANATHA PEST CONTROL, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90074 001 ***150.00

Principal Place of Business

7039 WHITTINGTON CT
NEW PORT RICHEY FL 34653
US

Mailing Address

7039 WHITTINGTON CT.
NEW PORT RICHEY FL 34653-6845
US

2. Principal Place of Business

7409 TROUBLE CREEK RD.

Suite, Apt. #, etc.

#710

City & State

NEW PORT RICHEY FL.

Zip

34653

Country

USA

3. Mailing Address

7409 TROUBLE CREEK RD.

Suite, Apt. #, etc.

#710

City & State

NEW PORT RICHEY FL.

Zip

34653

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2499551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTTERMAN, ELMER L.
7039 WHITTINGTON CT
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

GUTTERMAN, ELMER L.

Street Address (P.O. Box Number is Not Acceptable)

7409 TROUBLE CREEK RD.

#710

City

NEW PORT RICHEY

FL

Zip Code

34653

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME GUTTERMAN, ELMER L.
STREET ADDRESS 7039 WHITTINGTON CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete

NAME GUTTERMAN, PATRICIA O.
STREET ADDRESS 7039 WHITTINGTON CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete

NAME ACKERMAN, DONALD I.
STREET ADDRESS 8357-77TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 7409 TROUBLE CREEK RD. #710
CITY-ST-ZIP NEW PORT RICHEY FL. 34653

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 7409 TROUBLE CREEK RD. #710
CITY-ST-ZIP NEW PORT RICHEY FL. 34653

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elmer L. Gutterman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

927-372-2465

Daytime Phone #